REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

I hereby certify that this correspondence is being electronically filed with the United States Patent and Trademark Office on May 3, 2011 at or before 11:59 p.m. Pacific Time under the Rules of 37 CFR § 1.8.

Application Number : 10/747,774 Confirmation No. 6472

Filing Date : December 29, 2003 Inventor(s) : Kristine B. Fuimaono

Title : IRRIGATION PROBE FOR ABLATION DURING OPEN HEART

SURGERY

Group Art Unit : 3763

Examiner Name : Laura A. Bouchelle

Docket No. : 51638/W112 Date: May 3, 2011

MAIL TO: Mail Stop RCE

a.

This is a Request for Continued Examination (RCE) under 37 CFR § 1.114 of the above-identified application.

This application is not an application of the kind specified in 37 CFR § 1.114(e).

1. THE STATUS OF THE APPLICATION IS AS FOLLOWS:

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	b.	Pending (with review proceeding active) An appeal under 37 CFR § 1.191 has been filed. Applicant(s) hereb withdraw that appeal and request reopening of the prosecution of the application.					
2.	SUBMISSION(S) REQUIRED (check at least one)						
		Previously submitted					
		Consider the amendments/reply under 37 CFR § 1.116 previously filed on Consider the arguments in the Appeal or Reply Brief previously filed on Other:					
	b.	Enclosed					
		Amendment/Reply Affidavit(s)/Declaration(s) X Information Disclosure Statement Documents under 37 CFR § 1.48 Petition for Extension of Time Other:					

626/795-9900, CHRISTIE, PARKER & HALE, LLP, P.O. Box 7068, Pasadena, CA 91109-

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

Lauren E. Schneider Reg. No. 63,712

626/795-9900

LES/agj

7068.

REQUEST FOR CONTINUED EXAMINATION (RCE) FEE CALCULATION SHEET

Application No. 10/747,774

PART I — BASIC FEE								
	Small Entity	Large Entity						
BASIC FEE	\$405.00	\$810.00	\$810.00					

PART II — ADDITIONAL CLAIMS (compared to application before RCE)										
	Claims Remaining After Amendment	Highest Number Previously Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE				
Total Claims	21	*21	0	0 x \$26.00	0 x \$52.00	0				
Independent Claims	4	**4	0	0 x \$110.00	0 x \$220.00	0				
First Presenta	irst Presentation of Multiple Dependent Claim \$195.00 \$390.00									
TOTAL CLA	TOTAL CLAIMS FEE									

List Independent Claims: 1, 3, 7, 17

- ** IF THE HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN THIS SPACE.
- FEES (The RCE fee under 37 CFR § 1.17(e) is required by 37 CFR § 1.114 when the RCE is filed.)
 - a. Amount (total from Fee Calculation Sheet)

Please deduct \$810.00 from Deposit Account No. 03-1728.

b. X The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required for this transaction to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account.

AGJ PAS956160.1-*-05/3/11 11:30 AM

^{*} IF THE "HIGHEST NUMBER OF TOTAL CLAIMS PREVIOUSLY PAID FOR" IS LESS THAN 20, WRITE "20" IN THIS SPACE.